

<p style="text-align: center;"><b>CHANGE OF CORRESPONDENCE ADDRESS Application</b></p> <p>Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Number</td> <td style="padding: 2px;">10/580,146</td> </tr> <tr> <td style="padding: 2px;">Filing Date</td> <td style="padding: 2px;">May 18, 2006</td> </tr> <tr> <td style="padding: 2px;">First Named Inventor</td> <td style="padding: 2px;">Peter W. Hilding-Svendsen</td> </tr> <tr> <td style="padding: 2px;">Art Unit</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Examiner Name</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Confirmation Number</td> <td style="padding: 2px;">9245</td> </tr> <tr> <td style="padding: 2px;">Attorney Docket Number</td> <td style="padding: 2px;">CM05748EC</td> </tr> </table>	Application Number	10/580,146	Filing Date	May 18, 2006	First Named Inventor	Peter W. Hilding-Svendsen	Art Unit		Examiner Name		Confirmation Number	9245	Attorney Docket Number	CM05748EC
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First Named Inventor	Peter W. Hilding-Svendsen														
Art Unit															
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Attorney Docket Number	CM05748EC														

Please change the Correspondence Address for the above-identified application to:

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**OR**

☐ Firm or Individual Motorola, Inc.  
Name \_\_\_\_\_

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Address Law Department - MD 1610 \_\_\_\_\_

City Plantation \_\_\_\_\_

State Florida \_\_\_\_\_ Zip 33322 \_\_\_\_\_

Country United States \_\_\_\_\_

Telephone 954-723-6449 \_\_\_\_\_ Fax 954-723-3871 \_\_\_\_\_

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I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or agent of record. Registration Number: 39,505

☐ Registered practitioner named in the application transmittal letter in an Application without an executed oath or declaration. See 37 CFR 1.33 (a)(1).  
Registration Number \_\_\_\_\_

Signature \_\_\_\_\_/Barbara R. Doutre/

Typed or Printed Name Barbara R. Doutre

Date February 23, 2007 Telephone 954-723-6449

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.